

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

National Office of Vital Statistics
FILED AUG 28 1948

Registration District No. _____

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Fulton Boyd**
3. (b) If veteran, name war **None** Social Security No. **36-16-4567**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Agnes Boyd** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49? **?** **?** _____ hr. _____ min.

9. Birthplace **Dysart Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Wagner Electric Company**

12. Name **George Boyd**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Rattie Rampton**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Boyd**

(b) Address **507 7th St, Belle Plaine, Iowa**

17. (a) **Removal** (b) Date thereof **8/22/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dysart, Iowa.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **AUG 22 1948** (b) **J. J. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Benton**
(c) City or town **Belle Plaine**
(If outside city or town limits, write "RURAL")
(d) Street No. **507 7th St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **20**
year **1948** hour **1:30** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Esophageal and Gastric hemorrhage; Fracture of right leg, when a load of steel slipped from a truck and fell against the deceased while at work at the Wagner Electric Corporation, 6400 Plymouth Av., St. Louis County, around 10:50 P.M., Aug. 13, 1948.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **8-13-1948**
(c) Where did injury occur? **St. Louis County**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Industrial place**
(Specify type of place) **96**
While at work? **yes** (e) Means of injury **see above**

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Elmer R. Padwell
Licensed Embalmer No. 4077

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.